

**Lexington Fayette Urban County Division of Community Corrections
Criminal History Request**

By completing this form, you are requesting that a search of criminal records be performed to determine whether you should be granted access to the Fayette County Community Corrections Facility.

Full Name (Last, First, Middle): _____

List any other names used by you: _____ Date of Birth: _____

Race: _____ Gender: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email _____ Ph # Work _____ Cell _____ Home _____

Organization or Affiliation, Name of Law Office: _____

Is this request for access for a limited time frame? If so indicate how long the access is required. _____

Have you lived anywhere other than Fayette County Ky. _____

If yes, please list where and when: _____

Signature: _____ Date: _____

**PLEASE DO NOT COMPLETE BEYOND THIS POINT
TO BE COMPLETED BY THE REQUESTING AREA SUPERVISOR**

- | | | |
|--|--|--|
| <input type="checkbox"/> Legal, Attorney, (Note: copy of current BAR card is required) | <input type="checkbox"/> Teacher | |
| <input type="checkbox"/> Substance Abuse Counselor | <input type="checkbox"/> Religious Programs | <input type="checkbox"/> Education/Life Skills |
| <input type="checkbox"/> Kitchen Staff | <input type="checkbox"/> Med. Staff | <input type="checkbox"/> Comp. Care Staff |
| <input checked="" type="checkbox"/> New Employee | <input type="checkbox"/> Other (specify) _____ | |

Requested by: Majon Lisa Turner

NOTE: Facility issued Key fobs are randomly deactivated for security reasons. If you are issued one and discover that it is not functioning please contact Jail Computer Services for re-activation.

TO BE COMPLETED BY CLASSIFICATION STAFF

Prior Arrests: _____

Outstanding Warrants: _____

Prior Arrests or Outstanding Warrants: (Circle One) YES NO

NCIC Checked By: _____ Date: _____

Reviewed by: _____ Date: _____

Approved / Denied (circle one, give reason for denial) _____

Current CDK, 12/7/09

ADMINISTRATIVE OFFICE OF THE COURTS
PRETRIAL SERVICES RECORDS DIVISION
100 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381



pretrialrecords@kycourts.net

The process to obtain the information contained in the CourtNet Disposition System is as follows:

- Individuals** Requesting a record on yourself requires a \$10.00 fee (**check or money order**). Enclose a self addressed stamped envelope for a return reply.
- Nonprofit** Requesting a record on individuals requires a \$10.00 fee (**check or money order**) and your nonprofit number (Form #51-A-126). Your return envelope must be addressed with adequate postage, and the other envelope only needs the address of the person being checked.
- Health Care Housing Auth.**
- Licensing/ Others** A request for licensing purposes and on another person requires a \$10.00 fee (**check or money order**) and must include two envelopes. Your return envelope must be addressed with adequate postage, and the other only needs the address of the person being checked.
- Government** Government entities must provide both envelopes mentioned above, a tax exempt number for waiver of fees, contact person, phone number, and mailing address on their request. Multiple inquires can be made on a continuation form.

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact Pretrial Services Records Division at (502) 573-1682 or (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUALS INFORMATION CLEARLY.

SOCIAL SECURITY NUMBER: _____

NAME: _____

DATE OF BIRTH: _____

MAIDEN OR ALIAS NAMES: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

E-MAIL ADDRESS: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS. 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

Individual's Signature

61-0858140

Non-Profit Number (Form 51-A-126), or Tax Exempt Number

Date

donnap@lexingtonky.gov

E-mail address(sent to this e-mail only)

Would you like the CourtNet Records e-mailed? ☒ Yes ☐ No

LFUCG-Community Corrections

Company

Telephone Number

Requestor/Contact Person

600 Old Frankfort Circle

Address

Lexington Kentucky 40510

City, State, Zip

Please denote which purpose applies to this request:

- ☒ Employment
☐ Criminal Investigation
☐ Screening Housing Applicants
☐ Volunteer/Care over Juvenile
☐ Licensing
☐ Other (please explain) _____

MAYOR JIM GRAY



LEXINGTON

STEVE HANEY
DIRECTOR
COMMUNITY CORRECTIONS

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
DIVISION OF COMMUNITY CORRECITONS
HUMAN RESOURCES DEPARTMENT

AUTHORIZATION RELEASE

I, _____, (Date) _____

Having made application for employment with the Lexington-Fayette Urban County Government, Division of Community Corrections, and desiring that they be informed of my personal records pertinent to their investigation, hereby authorize an investigation into all records which may be of interest to them. This authorization includes, but is not limited to: Medical, Criminal, Employment, Hospital, School, and Credit Records, whether privileged or not. This authorization is executed in consideration of the Lexington-Fayette Urban County Government, Division of Community Corrections personnel board, considering my application and shall serve as a release of all liability to all parties furnishing such information to the Lexington-Fayette Urban County Government, Division of Community Corrections and the authorized agents.

In the event my application is disapproved or I am not selected, the sources of any confidential information will not be revealed to me.

A photocopy of this release shall be considered as effective and binding as the original hand executed copy.

SIGNATURE: _____

STREET: _____

CITY: _____

STATE: _____

ZIP CODE: _____

SOC. SEC.#: _____

DATE OF BIRTH: _____



DIVISION OF COMMUNITY CORRECTIONS
ADULT AND ADULT PROBATION
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
600 OLD FRANKFORT CIRCLE
LEXINGTON KY 40510

Steve Haney, Director

(859) 425-2700

ADDENDUM SHEET FOR COMMUNITY
CORRECTIONS OFFICER

Applicants applying for this position must be available for call back duties, shift work, weekend and holiday duty. I further understand, that if I revoke the following selection, my name will be removed from further consideration for this process.

Are you willing to work call back duty, shift work, weekend and holiday duty?

_____ YES _____ NO

Signature

Print Name

Social Security Number

Date



APPLICANT INFORMATION & SIGN-OFF

You are being considered for employment at this large maximum security Division of Community Corrections. Should you be selected for employment, it is necessary that you be aware of how important it is to be familiar with and comply with the established rules of Policy and Procedure. Failure to comply with these rules, in certain cases, may result in immediate termination of employment.

Examples of rules violations that could result in immediate termination of employment:

1. Sleeping On Duty
2. Inmate Abuse – including PREA violations
3. Violation of Code of Ordinance 14-81 – Code of Ethics
4. Conviction Of A Crime
5. Improper Key Control
6. Engaging In Activity Which Could Reflect Negatively On The Director or The Division of Community Corrections
7. Violation Of Section XVII Disciplinary Action Of Lexington-Fayette Urban County Government's Alcohol And Drug Free Workplace Policy

These examples of misconduct are not all inclusive. The level of discipline used, such as termination, will be determined by the severity of the violation in accordance with established Policy/Procedure, whether or not specific offense is listed above.

STATEMENT:

The above information has been explained to me and I understand fully its contents.

Signature

Date

Witness





PREA Pre-Employment Questionnaire

PREA Notice: "Some jobs include direct contact with adult correctional facility inmates or juvenile detention facility residents. In compliance with the federal Prison Rape Elimination Act of 2003 (PREA), applicants for those jobs are required to respond to questions pertaining to particular types of misconduct. Circle the appropriate answer for each question.

Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or any other institution?

- NO
- YES

Have you ever been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent, or was unable to consent or refuse?

- NO
- YES

Have you ever been civilly or administratively adjudicated of engaging in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent, or was unable to consent or refuse?

- NO
- YES

Applicant Name _____
Print Name

Signature _____ Date _____





STATEMENT OF INFORMED CONSENT

I, (print your name) _____, understand fully that as part of my employment with the Lexington-Fayette Urban County Government, Division of Community Corrections, I am required to participate in and successfully complete all aspects of training to include; Pressure Point Control Tactics Course both written and practical skill, O.C. Pepper Spray Certification both written and O.C. exposure. That I will not fail more than four written tests including test re-takes but I must pass any individual test within 2 re-takes and I must maintain a minimum 70% overall average at the end of six weeks classroom instruction. That I must satisfactorily perform those duties of a Community Corrections Officer while under the supervision of the Training Bureau and my Field Training Officer. I certify that I have no physical impairments, medical conditions or infirmity that would prevent me from participating in and successfully completing the required training. I understand that if I fail to participate in and successfully complete any aspect of my training, that my probationary employment may be terminated.

Signature

Date



MAYOR JIM GRAY



LEXINGTON

STEVE HANEY
DIRECTOR
COMMUNITY CORRECTIONS

STATEMENT OF RESPONSE TIME

I, (print your name) _____, fully understand that as part of my employment with the Lexington-Fayette Urban County Government, Division of Community Corrections, I must reside within a one (1) hour response time to the work site in case of emergency and/or recall to duty.

Furthur, I understand that this requirement must be met within the six (6) month probationary period as a condition of permanent employment.

Signature

Date

